

**QIP Level 2 Visit**

**ATFM Year 1**

**Workplace-Based Assessment**

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| Trainee’s Name: |  |
| IC/Passport No: |  |
| ATFM Year I: |  |

DATE OF VISIT:

***1st Edition on 27 March 2019***

***Prepared by***

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**QIP Level 2 Visit for Year 1 Advanced Training in Family Medicine (ATFM)**

**INTRODUCTION**

Under the Graduate Certificate in Family Medicine (GCFM), trainees have undergone a QIP Level 1 Practice Visit which focuses mainly on the practice, services offered and the case-mix.

During the Advanced Training in Family Medicine (ATFM), trainees will undergo QIP Levels 2 and 3 visits in the first six months of Year 1 and Year 2 ATFM respectively. The emphasis during the practice visits is for workplace-based assessment on trainee’s actual on-the-job performance. Direct observation of consulting and procedural skills, gives practice assessor a sense of what is normally done by the trainee at work and forms part of his formative assessment. In addition, these visits are to assess trainees’ management skills based on a review of trainees’ case notes (chart review). This visit allows the trainer to verify the authenticity of the log of cases submitted by trainee and also to probe further for any controversial issues in diagnosis and management.

Timely feedback on trainees’ performance and recommendations on where and how to improve are essential to shaping trainees’ to be future competent family physicians capable of independent practice without supervision.

These QIP visits should preferably be performed by trainee’s own mentor/teacher, unless there are extenuating factors. Mentors can then follow up by monitoring the progress of their mentees during their monthly mentor-mentee meetings to check for improvement in the areas of weakness.

The QIP Level 2 visit is scheduled for one whole day. The emphasis at this Practice Visit is to check trainees’ actual clinical skills in consultation, diagnosis, procedures and management. Chart reviews and case discussion will provide further evidence of competency in addition to direct observation (precepting) of 4-6 consultation. Mentors will then provide immediate oral and documented written feedback on areas of strengths and weaknesses in trainees’ performance followed by suggestions and recommendations on where and how to improve.

**INSTRUCTIONS TO TRAINEES**

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| 1. | The purpose of this Level 2 QIP visit is to enable your ATFM Mentor to conduct Workplace-based training and formative assessment on your case management (from review and discussion of your case records) and actual observation of your consulting and management skills (precepting). The data gathered may be used for research purposes. |
| 2. | It is important that you inform your employer regarding this visit and to obtain permission for the visiting Practice Assessor or Mentor to access and view relevant case records for discussion. Make sure that your work load on that day is reduced to the 4-6 cases for Precepting in the afternoon session. Permission must also be obtained from the patients for precepting. |
| 3. | This ATFM Year 1 QIP Level 2 consists of **FOUR** parts. Parts I, II and III **MUST** be completed by the trainees.  **Part I : Personal details**  **Part II : Practice details**  **Part III : Log of FIFTEEN (15) case records by trainee for review and Case-based discussion**  **Feedback from Practice Assessor / Mentor**  **Part IV : Precepting of 4-6 cases with feedback by Practice Assessor / Mentor** |
| 4. | You have been given **FOUR (4) weeks’** notice to prepare for this QIP Level 2 ATFM Year 1 Workplace-based assessment by your mentor. Please complete **Parts I, II and III.** Send a soft copy by email to your Practice Assessor/Mentor at least ONE (1) week before the visit. On the day of the visit, have a hard copy of the complete form for the Practice Assessor / Mentor to use and fill in the feedback. |
| 5. | You are also required to make available to the Practice Assessor / Mentor, the actual case records of  **FIFTEEN (15) cases** seen by you on a **typical day** in the last four weeks for discussion |

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| PART I : PERSONAL DETAILS | | | | | |
| 1. *Identifying Data* | | | | | |
| Full Name: |  | | | | |
| NRIC No: |  |  |  |  |  |
| ATFM Intake Number/Year: |  | |  |  | |
| Current workplace: Indicate if there is a change in your place of practice from GCFM | | | | | |
| Phone No: | (house) | | (HP) | | |
| Email Address: |  | | | | |
| Current Annual Practicing Certificate (APC) Number: | | | | | |

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| PART II : PRACTICE DETAILS | |
| *1. Description of the Practice* | |
| 1.1 Name of The Practice: |  |
| 1.2 Address (If more than one, state the main clinic in which you work): |  |

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| |  | | --- | | ***2. Nature of work/work routine.*** | | |
| 2.1 Do you work in more than one clinic? | Yes/No. If yes, how many? …….……… |
| 2.2 List all the places that you are currently practicing at: |  |
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| 2.3 Clinic consultation hours (upload the clinic appointment card as sample, list YOUR working hours for all clinics that YOU are working at) | |
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| **PART III: LOG OF 15 CASE RECORDS FOR REVIEW AND CASE-BASED DISCUSSION (CbD)**  **Instructions to Trainees**  You are expected to send a log summary of **FIFTEEN (15) consecutive** patients who consulted you on one typical day in the last four weeks. You are expected to email the log of 15 cases to your Practice Assessor / Mentor at least ONE (1) week before the visit. Each case summary should not exceed **ONE (1)** page and **MUST** follow the given template.  The actual cases records should be available to your Practice Assessor / Mentor on the day of his/her practice visit. He/she will then choose **SIX (6)** cases to review and discuss with you. Each case-based discussion is to last for about half an hour; total time for CbD is three hours. |

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| Item | Case No. 1 | 01 *(use this template for the next 14 cases)* |
| 1. | Initials of patients |  |
| 2. | Age |  |
| 3. | Gender |  |
| 4. | Ethnic Group |  |
| 5. | New / Old patient (NP/OP) |  |
| 6. | Family Physician (Y/N) |  |
| 7. | Reasons for encounter / History |  |
| 8. | Physical examination and investigation |  |
| 9. | Problem list / provisional or differential diagnosis |  |
| 10. | Management |  |

**Part III: FEEDBACK TO TRAINEES**

***Instructions to Practice Assessor / Mentor:***

* *Prior to the Practice Visit, review all 15 case summaries sent by the trainee.*
* *These 15 cases are supposed to represent the breadth of cases seen by the trainee in a typical day in the last two weeks*
* *Select those ‘doubtful / suspicious’ cases to compare with the actual case records*
* *Discuss with trainee the management and other issues arising from* ***SIX*** *cases*
* *Each case-based discussion is for about half an hour, with a total time of 3 hours allotted for CbD*
* *Provide oral and written comments and feedback to the trainee*
* *You are required to email a soft copy of the entire Level 2 QIP document to the QIP administrator in AFPM Headquarters*
* *You also need to submit a hard copy of the entire completed AFPM’s Level 2 QIP document to receive payment*

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| **NO** | **Case Records Review and Discussion** | **COMMENTS** | **WHAT TO IMPROVE** |
|  | Has a focused history been recorded? |  |  |
|  | Clinical examination: Were relevant positive and negativefindings recorded? |  |  |
|  | Was the diagnosis correct?  Was trainee able to justify provisional and differential diagnoses during the discussion? |  |  |
|  | Were the tests ordered appropriate? Is trainee able to justify the tests and interpret the results? |  |  |
|  | Was trainee’s management of the case appropriate?  Was consideration given for patient’s background status and other concomitant illnesses? |  |  |
|  | Offer/perform Pap smear/other appropriate periodic screening |  |  |
|  | Use of antibiotics appropriately |  |  |
|  | Measure BP/maintain hypertensive patients to target of <BP140/90 |  |  |
|  | Provide/offer child/adult immunizations |  |  |

**PART IV : PRECEPTING WITH FEEDBACK TO TRAINEE**

**Domain: Select the domain covered in each case.**

**Children & Adolescents / Maternity & Infant / Women’ Health / Men’ Health / Care of Adults / Care of Elderly / Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **No** | **Domain of consultation** | **What was done well** | **What to improve** |
|  | Practises focused history taking |  |  |
|  | Demonstrates appropriate targeted examination skills |  |  |
|  | Identifies relevant differential diagnosis / issues |  |  |
|  | Selects appropriate tests to aid diagnosis on acute care and long-term care |  |  |
|  | Performs practical procedure competently e.g. Pap-smear |  |  |
| **No** | **Domain of consultation** | **What was done well** | **What to improve** |
|  | Provides appropriate non-pharmacological & pharmacological therapy |  |  |
|  | Provides focused education and counseling on short term and long-term management plan. |  |  |
|  | Effective communication with patients. |  |  |

**Notes to preceptor.**

**Approach to preceptorship session.**

Focus on a half-day session. It gives the candidates the opportunity to have an in-depth experience and learning approaches that can be used in subsequent encounters. This technique can increase confidence and is less overwhelming to the newbies.1

**What does preceptorship provide?1**

* The training is conducted in a real-life practice.
* Preceptor is able to observe candidates’ response to the pressures of day to-day relationships with patients, other professionals and the realities of productivity-based practice.
* Preceptor helps to guide candidates to organize behaviors and strategies for effective and efficient patient care.
* Preceptors provides the vital link between the concepts and evidence-based approaches to care and the realities of actual practice.

**Questioning2**

The questions used by the preceptor in analyzing the clinical encounters need to be chosen wisely. The answers to the questions may be known or unknown to the candidates. Careful selection of questions is essential to enhance effective communication between preceptor and candidates, teacher-learner relationship and powerful motivational force.

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| **Type** | **Possibly Intimidating** | **Hopefully Encouraging** |
| Facts | What have you missed? | What symptoms has the patient told us? |
| Comprehension | Give me 5 causes | What possible causes should we consider? |
| Synthesis | So, this is clearly a case of…? | What do you think these things might mean? |
| Analysis | Management? | What should we do next? |
| Evaluation | Can you tell me what you should have learn? | What should have we done? |

**Evaluation2**

* Be specific, timely.
* Include candidate’s performance, positive as well as negative.
* Allow candidates to feedback on how to improve the issues.
* Feedback on candidates’ behavior and not personality. Explain how his or her behavior may have affected patient’s outcomes.
* Feedback should be done in private, gently, honestly with the aim to motivate improvement and growth.

1. Barker ER, Pittman O. Becoming a super preceptor: A practical guide to preceptorship in today’s clinical climate. Journal of the American Academy of Nurse Practitioners. 2010;22:144–149
2. Stirling Pugh. How to: Teach with Patients Present. Medical Education, School of Postgraduate Medical and Dental Education, Cardiff University.

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|  | **Name** | **Signature** |
| Preceptor |  |  |
| Trainee |  |  |
| Date |  | |